

Healthy Indiana Plan (HIP) Waiver Extension Application



**Special Meeting of the Medicaid
Advisory Committee (MAC)**

January 5, 2017

Timeline

- The current HIP waiver expires January 31, 2018.
- The HIP extension application is due January 31, 2017 (12 months prior to expiration).
 - Maximum renewal period= 3 years
 - Requests program enhancements and technical revisions to STCs

30-Day Public
Notice
(Through January
20, 2017)

Last Day to
Submit Waiver
(January 31,
2017)

Implementation
(February 1,
2018)

Healthy Incentive Programs

- Member Healthy Incentive Initiative
 - Increase healthy incentive program maximums
 - Allow MCEs the flexibility to create programs that offer member incentives consistent with the commercial market
 - *Increase limits from current \$10-\$25*
 - *Initially allow incentives up to \$200, but may adjust as needed*
 - Incentive programs must focus on four priority areas:
 1. Tobacco Cessation Incentive Program
 2. Substance Use Disorder Incentive Program
 3. Chronic Disease Management Incentive Program
 4. Employment Related Incentive Program
- Health Plan Incentive Alignment
 - Align quality incentive components to target population and strategic goals
 - Include provider incentives

Tobacco Cessation Initiative

- Cost of Tobacco
 - Recent CDC data indicates 48.3% of Indiana Medicaid members are smokers
 - Estimated \$589 million in tobacco related medical expenses are covered by Indiana Medicaid

- Coordinated Tobacco Cessation Initiative:
 1. Education: MCE communication campaign to promote tobacco cessation benefits to members and providers
 2. Incentives: Increased member incentives for tobacco cessation
 3. Surcharge: Increase POWER account contributions for identified tobacco users in their second year of enrollment
 - Surcharge: 3% of income monthly contribution (rather than 2%)
 - *Consistent with Marketplace policies*
 - Tobacco users identification: Claims or risk assessment identification
 - Timing:
 - First year of enrollment: No surcharge; MCE active outreach
 - Subsequent years of enrollment: Surcharge only applies after members have had at least a year to take advantage of the tobacco cessation benefits offered through the plans



Limited Chiropractic Benefits

- Enhance HIP Plus with the addition of limited new chiropractic benefits
 - Limited spinal manipulation benefit
 - Allows up to 6 visits per member per benefit period
 - Only available to HIP Plus members to further incentivize the value proposition
- *Note:* This HIP Plus enhancement does not impact HIP members with State Plan benefits (including pregnant women, low-income parents & caretakers, and medically frail individuals) who will continue to have access to the full coverage of State Plan chiropractic benefits.

Reestablish Open Enrollment

- Long-Standing HIP Open Enrollment Policy
 - Since 2008, HIP has utilized an open enrollment period to encourage active member participation in annual re-enrollment
 - HIP members are subject to disenrollment and a 6 month open enrollment waiting period for failure to submit annual redetermination paperwork
 - Due to a technical issue it was not included in the formal HIP 2.0 approval document in 2015.
- The State is asking to reestablish and continue the HIP open enrollment policy.
 - Promotes Continuity of Care
 - It had strong results, and improved member compliance with the annual redetermination process from 85% to 92%.
 - Required by Statute
 - The open enrollment policy is included in state statute for the HIP program. See Indiana Code §12-15-44.5-4.9(b)



HIP Maternity Coverage

- HIP and Hoosier Healthwise (HHW) offer equal maternity coverage and are managed by the same MCEs
 - Pregnant HIP members are currently required to transfer to HHW at redetermination
 - Pregnant Medicaid applicants are currently required to enroll in HHW
- The State is asking to improve continuity of care for members and reduce administrative burden
 - Pregnant women with income under 138% FPL will be enrolled in HIP Maternity coverage
 - HHW will be maintained for pregnant women with income greater than 138% FPL who would not be eligible for HIP following the end of pregnancy



Phase Out Prior Claims Payment

- Removal of 1-year transitional "prior claims payment program" which provides retroactive coverage for a small group of new HIP members
 - Extremely low utilization of transitional program
 - Only 15,699 individuals (8% of the total Section 1931 group) were eligible for the program
 - Of these individuals, only 2,409 of them (15% of the total individuals qualifying) actually had a need to utilize the benefit.
 - Expanded HIP program and availability of tax credits has resulted in fewer enrollees with unpaid medical bills
 - Expanded presumptive eligibility process has been very successful in enrolling uninsured individuals prior to the individual incurring non-covered claims

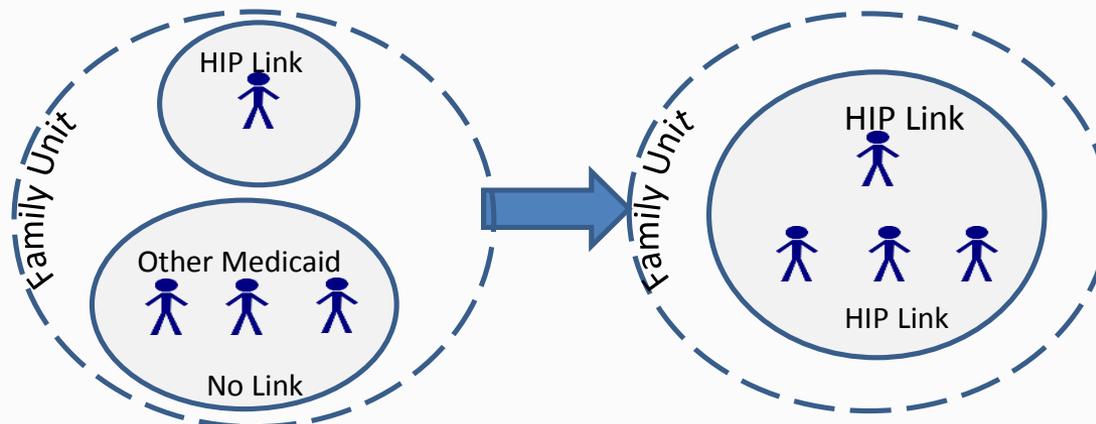


Other Technical Revisions to STCs

- Continue current waivers for ER copayment & non-emergency transportation
- Document the carve out of hepatitis C drugs from managed care
- Clarify transition policies (between MCEs and between Medicaid categories)
 - Minimize the operational impact of member transitions and MCE changes through fixed 12-month plan choice and POWER accounts.

HIP Employer Link Enhancement

- HIP Employer Link Family Coverage
 - Currently, HIP Employer Link is only available to HIP eligible individuals, resulting in network and provider fragmentation within families
 - Add optional family coverage for any Medicaid eligible family member of a HIP Employer Link enrollee (regardless of the family member's specific aid category)
 - For example, Hoosier Healthwise eligible children of HIP Employer Link enrollees could enroll in the employer plan.
 - Promotes private market coverage & family coverage



Substance Use Disorder Initiative

- SUD impact on Indiana
 - HIV public health emergency declared in Scott County, Indiana in 2015
 - Nearly six times as many Hoosiers died from drug overdose in 2014, as did in 2000 (twice the national rate)
- New SUD Waiver Opportunity
 - July 2015 CMS Medicaid Director Letter
 - Allows states to obtain a waiver of the IMD exclusion.
 - Requires states to develop a comprehensive program to reform SUD delivery and services, including a robust benefit package
 - Recommended by Governor's Taskforce on Drug Enforcement, Treatment and Prevention
- SUD initiative available to ALL full benefit Medicaid members
 - The SUD initiative is not limited to HIP members
 - HIP extension application is merely the technical vehicle for requesting the SUD waiver
- Increase SUD Funding
 - The SUD component of the waiver will bring an estimated \$55 million dollars of new federal funds into the state to address substance use, including the opioid epidemic



SUD Initiative Benefits

1. Waiver of IMD Exclusion to Expand Access to Providers
 - Allows Medicaid to reimburse for short term residential stays in an IMD for up to 30 days
 - This waiver would allow Medicaid patients to access nearly **15 new facilities** across the state, and potentially **increase capacity at 12 other facilities**
2. Add New SUD Services to Enhance the Current System of Care and Align with National Best Practice Guidelines

Proposed New SUD Waiver Services

Expand Inpatient Detoxification

Add Residential Treatment Services

Add “Addiction Recovery Management Services”

- Recovery Education
- Peer Recovery Support Services
- Housing Support Services
- Recovery Focused Case Management
- Relapse Prevention



Next Steps

- Public Comment Period runs through 5:00 p.m. on January 20, 2017
 - Send Written Comments to:
 - 402 West Washington Street, Room W374, Indianapolis, Indiana 46204, Attention: Natalie Angel
 - Send Comments via Email to:
 - HIP2.0@fssa.in.gov
- Waiver will be submitted to CMS no later than January 31, 2017
- QUESTIONS?